



## Equal Benefits Compliance Worksheet

*Return this Worksheet, Declaration, and any attached alternate compliance forms to King County.*

Contractor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Solicitation# : \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Contract#: \_\_\_\_\_  
Employees in the U.S.: \_\_\_\_\_

### 1. EMPLOYEE INFORMATION

- a. Do you have any employees? ..... ☐ Yes ☐ No  
    ▶ If the answer to **Question 1a** is "NO", (you DO NOT have any employees); you do not need to complete the remainder of the worksheet. Select Option C on the attached Declaration.
- b. If 1.a is yes, are they Union, Non-Union, OR both? ..... ☐ Union ☐ Non-Union  
    ▶ If the answer to **Question 1b** is "Union", please go to questions 4 & 5.  
    ▶ If the answer to **Question 1b** is "Non-Union", go to questions 2 & 3.

### 2. IF YOU HAVE NON-UNION EMPLOYEES

- a. Do you make any benefits available to employees? [Paid by employer or not] ..... ☐ Yes ☐ No
- b. Do you make any benefits available to the spouses of employees? [Paid by employer or not] ..... ☐ Yes ☐ No
- c. Do you make any benefits available to the domestic partner (DP) OR legally domiciled member of household (LDMH) of employees? (Same-sex and Opposite-sex) [Paid by employer or not] ..... ☐ Yes ☐ No  
    ▶ If the answers to both **Questions 2(b) and 2(c)** are "NO", (benefits offered to neither employees' spouses nor employees' DP or LDMH); select Option B on the attached Declaration.  
    ▶ If the answer to either **Question 2(b) or 2(c)** is "YES", continue to Question 3.

### 3. BENEFITS AVAILABLE FOR NON-UNION EMPLOYEES

Indicate which benefits are made available below. Check "Yes" for any benefit that is available, paid for or not (same & opposite-sex). Check "No" if not available. Available might mean a death benefit for Pension (joint annuity) or Disability can be paid to DP and LDMH. Bereavement leave policies must be equal for DP and LDMH. Family leave must include an employee's DP, LDMH and their dependents. If moving expenses/relocation increases when including a spouse, they must also increase for DP and LDMH.

		THESE THREE COLUMNS MUST MATCH			
Employee Benefit	Employees	Spouses	DP	LDMH	
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bereavement Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relocation (Moving Expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Travel (not mileage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member Discounts, facilities, events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If selections made for Spouses, DP, and LDMH columns match, select Option A on Page 4, Equal Benefits Compliance Declaration. **OR:**

If selections made for Spouses, DP, and LDMH columns DO NOT match, please review Option D on Page 3, Equal Benefits Compliance Declaration to see if you qualify for alternate compliance. For all other Contract compliance inquiries, contact King County Procurement and Contract Services Section at 206-263-9400.

#### 4. IF YOU HAVE UNION EMPLOYEES

- a. Are any benefits available to the spouses of union employees? ..... ☐ Yes ☐ No
- b. Are any benefits available to the DP/LDMH of union employees? ..... ☐ Yes ☐ No

If the answer to either Question 4(a) or (b) is "YES", continue to Question 5.

## 5. BENEFITS AVAILABLE FOR UNION EMPLOYEES

Please indicate which union benefits are available on the list below. Union benefits may be controlled by a trust, and the eligibility of DP and LDMH may be restricted by a Union Trust Administrator. Please contact King County Procurement and Contract Services Section at 206-263-9400 to learn how to apply for a Collective Bargaining Delay.

Employee Benefit	Employees	THESE THREE COLUMNS MUST MATCH			
		Spouses	DP	LDMH	
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bereavement Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relocation (Moving Expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Travel (not mileage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Member Discounts, facilities, events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If selections made for Spouses, DP, and LDMH columns match, select Option A on Page 4, Equal Benefits Compliance Declaration. **OR:**

If selections made for Spouses, DP, and LDMH columns DO NOT match, please review Option D on Page 3, Equal Benefits Compliance Declaration to see if you qualify for alternate compliance. For all other Contract compliance inquiries, contact King County Procurement and Contract Services Section at 206-263-9400.

# Equal Benefits Compliance Declaration



Department of Executive Services  
Finance and Business Operations Division  
**Procurement and Contract Services Section**  
Chinook Building, CNK-ES-0340  
401 Fifth Avenue, 3rd Floor, Seattle, WA 98104  
206-263-9400 TTY Relay: 711 Fax: 206-296-7676

King County cannot award a contract until you submit the attached Worksheet and this Declaration.

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Name) (Contractor Name)

state that the Contractor complies with King County Ordinance 14823 and related rules because it:

(Select the Option that applies and sign form below):

## Option A

- ☐ Makes benefits available on an equal basis to all its non-union and/or union employees with spouses and its employees with a domestic partner (same-sex and opposite-sex) OR legally domiciled member of household.

## Option B

- ☐ Does not make ANY benefits available to the spouses or the domestic partner OR legally domiciled member of household of employees.

## Option C

- ☐ No employees.

## Option D

- ☐ Seeking authorization from King County Procurement and Contract Services to delay implementation of equal benefits due to a Collective Bargaining Agreement, Open Enrollment, or internal Administrative steps. (Equal Benefits Substantial Compliance Authorization Form attached).

### Instructions for alternate compliance:

The contractor must complete and return an Equal Benefits Substantial Compliance Authorization Form to King County as an attachment to this Declaration. The Substantial Compliance Authorization Form can be found at [http://www.kingcounty.gov/operations/procurement/Forms/Equal\\_Benefits.aspx](http://www.kingcounty.gov/operations/procurement/Forms/Equal_Benefits.aspx)

- ☐ Statement of Noncompliance  
Contractor does not comply and does not intend to comply with King County Ordinance 14823 and related rules for this contract.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is correct and true, and that I am authorized to bind this entity contractually.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_,

Signature

Name (Please print)

Title

Federal Tax Identification Number

Address